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PTO/SB/83 (11-96)
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	
Filing Date	02/12/2002
First Named Inventor	Steven J. West
Group Art Unit	1741
Examiner Name	Unknown
Attorney Docket Number	4518-00019

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are:

Applicant has instructed us to cease all work on this application as per the attached letter.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number		→	Place Customer Number Bar Code Label here
OR			
<input checked="" type="checkbox"/> Firm or Individual Name	Lance M. Solimini		
Address	Thermo Orion, Inc.		
Address	500 Cummings Center		
City	Beverly	State	MA
Country	U.S.A.	ZIP	01915-6199
Telephone	978-232-6000	Fax	978-232-1066

This request is enclosed in triplicate.

Name Ernest V. Linek

Signature

Date

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.